



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-290

INTERMEDIATE WILDLAND FIRE BEHAVIOR

Nominations due June 14, 2012

Minimum number of students: 15

Maximum number of students: 25

Course Description

This is a classroom-based skills course designed to prepare the prospective fireline supervisor to undertake safe and effective fire management operations. It is the second course in a series that collectively serves to develop fire behavior prediction knowledge and skills. Fire environment differences are discussed as necessary; instructor should stress local conditions.

Objectives

- Identify and describe the characteristics of fuels, weather, and topography that influence wildland fire behavior.
- Describe the interaction of fuels, weather, and topography on wildland fire behavior, fireline tactics, and safety.
- Describe the causes of extreme fire behavior conditions (long range spotting, crowning, and fire whirls) that develop due to weather, fuels, and/or topography.
- Interpret, communicate, apply, and document wildland fire behavior and weather information.

DATES OF CLASSES:

July 9-12, 2012 (Start time 9:00 am)

PREREQUISITES:

Introduction to Wildland Fire Behavior (S-190)
Satisfactory completion of pre-course work.

LOCATION:

Spokane Co. FD#9, 3801 E. Farwell Rd., Mead, WA 99021

LEAD INSTRUCTOR:

John Stuchell, WA DNR

COURSE COORDINATOR:

Tammi Ellerbroek (509) 684-7474

MAIL, E-MAIL, OR FAX REGISTRATIONS TO:

Tammi Ellerbroek
NE Region, WA DNR
225 S. Silke Rd.
Colville, WA 99114
Fax: (509) 684-7484
E-mail: tammi.ellerbroek@dnr.wa.gov



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Course Number S-290		Course Name Intermediate Fire Behavior				PRIORITY ____ of ____					
IQCS Session Number N/A		Course Location Spokane Co. FD 9, Mead, WA				Course Date(s) July 9-12, 2012					
Course Tuition (if required) N/A		Course Coordinator Name (First Last) Tammi Ellerbroek				Course Coordinator Phone Number (509) 684-7474					
Course Coordinator E-Mail tammi.ellerbroek@dnr.wa.gov		Course Coordinator FAX Number (509) 684-7484				Date Submitted					
Employee's IQCS ID Number: <i>N/A for WA Fire Service & WA DNR</i>											
Nominee's Name (First MI Last)											
Working Job Title						E-Mail					
Agency Name						Fax					
Home Unit					Nominee's Mailing Address (if different)						
Street					Street						
City				State		City				State	
Zip		Telephone			Zip		Telephone Required				
List training completed and dates pertinent to this course:											
List your past qualifications pertinent to this course:											
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)											
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)											
Remarks:											